

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>37</i>	<i>2/15</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>912</i>	<i>05/03/11</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>1091</i>	<i>11-07-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	4-12/13/01
2	1-8/8/02
3	2-12/13/02
4	2-5/23/03
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16	N
17	N
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31	N
32	N
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40	✓
41	N
42	✓
43	
44	
45	
46	✓
47	N
48	
49	
50	N

Claim	Date
Final Original	
51	4-8/8/02
52	2-12/13/02
53	2-5/23/03
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Claim	Date
Final Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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*352*  
*11/07/11*